

# Unearthing the Buried City

## *The Janet Translation Project*

Curated and edited by  
Jake Nehiley

2025

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This document is part of *Unearthing the Buried City: The Janet Translation Project*, a series of AI-assisted English translations of Pierre Janet's works.

In his seminal 1970 book: *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, Henri Ellenberger wrote:

*Thus, Janet's work can be compared to a vast city buried beneath ashes, like Pompeii. The fate of any buried city is uncertain. It may remain buried forever. It may remain concealed while being plundered by marauders. But it may also perhaps be unearthed some day and brought back to life (p. 409).*

This project takes Ellenberger's metaphor seriously — and literally. The goal of this work is to unearth the buried city of Janet's writings and make them accessible to the English-speaking world, where much of his legacy remains obscured or misunderstood.

Pierre Janet was a pioneer of dynamic psychology, psychopathology, hypnosis, and dissociation. His influence on Freud, Jung, and the broader psychotherapeutic tradition is profound, yet the bulk of his original writings remain untranslated or scattered in partial form. These AI-assisted translations aim to fill that gap — provisionally — by making Janet's works readable and searchable in English for the first time.

This is not an academic translation, nor does it claim to replace one. It is a faithful, literal rendering produced with the aid of AI language tools such as Chat GPT and DeepL and lightly edited for clarity. Its purpose is preservation, accessibility, and revival. By bringing these texts to light, I hope to:

- Preserve Janet's contributions in a readable English form
- Spark renewed interest among scholars, clinicians, and students
- Inspire human translators to produce definitive, academically rigorous editions

# Suggestion in Hystericals<sup>1</sup>

*Third lecture given at the Salpêtrière on Friday, April 1<sup>st</sup>, 1892*

By Mr. Pierre Janet

Associate Professor of Philosophy, Doctor of Letters, student of the department

Gentleman,

Upon learning that I was going to speak to you today about suggestion, many of you must have felt very frightened, expecting without a doubt a study just as vague as it is interminable. For many, in fact, the word *suggestion* has lost all precision and is applied to a multitude of different things: suggestion throughout therapy, suggestion throughout nervous pathology, suggestion throughout psychology. Rest assured, however, the word *suggestion* has not, for me, such a vast and indefinite meaning. It designates in my view a very real phenomenon, a very important one, but a very particular phenomenon, which one must avoid confusing with all the others. Moreover, the object of these studies is limited and fully suited to my ambition: I am content to study before you only hystericals and nothing more. I intend to present to you a particular psychological phenomenon which appears in these patients and which I propose to call *suggestion*. You are free to think that in the normal man suggestion is more important and that it takes on other characteristics. I seek only to specify the sense of this word when it is applied to hystericals and to show you the conditions on which this phenomenon seems to depend.

## I

Let us content ourselves, to begin with, with a very elementary and very vague definition that will become more precise little by little. The most superficial observation of hystericals has allowed all physicians to make a banal remark: it is that among them, and more particularly among some of them, certain ideas very easily take on an exaggerated importance. This exaggerated importance manifests in several ways: by the frequency with which these ideas present themselves to their mind, by the duration during which these ideas persist, by the external acts that accompany them, by the appearance of reality, and finally by the objectivity they assume in the eyes of the subject.

Phenomena of this kind are very often observed during hysterical attacks. This is an observational fact in which experimentation plays no role; certain seizures repeat every eight days, and sometimes even every day, with extraordinary

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<sup>1</sup> Janet, Pierre "La suggestion chez les hystériques," Troisième conférence fait à la Salpêtrière le 1er avril 1892, *Archives de Neurologie*, xxiv (1892), pp. 348-370.

precision—a fact, an accident, some idea or other that vividly impressed the patient's mind.

A young man of sixteen sees a fire—and what a fire!—the flame of a few copper vessels in the kitchen, and here he is, for the past three years, spending an hour every day seeing the fire again, crying out for help, hearing the fire truck bells, struggling and calling to them; it's a bit excessive, you must admit. A woman, who I saw recently, once in her life saw a man hidden behind the curtains playing a prank, and, for the past two years, she has had, every evening at the same hour, a formidable hysterical crisis and spends an hour with her eyes fixed on the curtains, in a posture of terror. All the examples resemble one another, for almost always, all the events of such attacks reproduce an incident from life whose importance is exaggerated. You know in the ward this strange patient we call the camel-woman, because she was impressed, in Algeria, by this animal, and she seems to reproduce it during her attack; she makes only one gesture, which is a rational one for this kind: she stops in the middle of her cries and raises her right arm into the air—this is the posture of the figure in the painting she once looked at in her room, *Truth*, by Jules Lefèbvre; then she lies down and cries meow, meow—this is because a little cat, quite innocently, once licked her fingertips; she mimics the voice of children and repeats zou, zou, manounou, patapan, ta, tata, zo, zo..., etc.—this is the voice of a little idiot pastry apprentice she saw in the streets of Algiers, and it is precisely this that she mimics. We find in her the same exaggerated importance of certain ideas as in dreams: a young woman of twenty-three has dreams every night that she falls into water, because at ten years old, she almost got her feet wet in a stream. Other incidents, at the height of crises and dreams, manifest the same phenomenon. Sister Jeanne des Anges, of whom M. Gilles de la Tourette made known the interesting confessions, dreams that she cohabited with the devil and subsequently displays all the symptoms of pregnancy, even the secretion of milk from her breasts.<sup>2</sup> I have also seen, incidentally, two similar although less complete cases. An individual who works with lead, imitates the paralysis of the extensor muscles of his comrade. A man attends the funeral of his nephew, who had both arms cut off by a machine accident, and he returns home with a hysterical paralysis of both arms. A woman, Gilles de la Tourette tells us, gave a slap to her child and was instantly paralyzed with anesthesia in that hand.<sup>3</sup> Another, whom I observed some time ago, hits her husband and, out of guilt, has her right arm contract in the same position as during the blow.<sup>4</sup> I should also add that I once saw a very constipated hysterical woman purge herself violently, because she had brought a laxative to a patient.

Apart from these outwardly visible incidents, these patients constantly harbor in their minds ideas of exaggerated importance. One day I find little Berthe, motionless, absorbed in an imaginary contemplation: "How beautiful it is," she says softly, "how beautiful it is," and I cannot get anything else out of her. I'm told that since the evening before she has been in such ecstasy that she has not gone to bed and spent the night sitting on her bed, in admiration. "It's so

<sup>2</sup> G. Legué et Gilles de la Tourette. – *Sœur Jeanne des Anges* (bibliothèque diabolique, 1886, p. 81).

<sup>3</sup> Gilles de la Tourette. – *Traité de l'Hystérie*, 1891, 522.

<sup>4</sup> Pierre Janet. *Les actes inconscients et la mémoire pendant le somnambulisme*. (Revue philosophique, 1888, I, 224).

beautiful,” she finally says, “this statue, this great peasant.” Everything becomes clear: she had helped a nurse dust a laboratory where Mr. Richer displays beautiful works of art alongside scientific studies, and she had been seized with admiration for a statue. She is not wrong, and this proves that she has good taste, but two full days of continuous ecstasy is exaggerated. Another day, she cannot speak, because her mouth sings constantly in spite of herself; someone tried to teach her a song and succeeded too well, since now she cannot get rid of it. Célestine, another patient, gets angry one day at an official of the Salpêtrière and can think of nothing but beating him severely. She cries and stomps and says to me: “It’s ridiculous, it’s distressing, they’ll put me with the crazy women again, but I don’t care, I have to beat him.” You understand that I had to take a few precautions, which were, in any case, easy.

Indeed, one can change these ideas or reproduce oneself, artificially, those ideas of exaggerated importance that arose spontaneously. One can make them act, make them believe, make them see everything one wants, and I have previously gathered numerous examples of this credulity which would be too long to recount to you here.<sup>5</sup> Just remember, in general, one must not hypnotize hystericals to make them suggestible; it is a major error that has come from the influence of the conception one has made of somnambulism. Tell them something while they are awake—this is just as effective as during sleep—and you will notice that the suggestions I am going to show you are all made in the waking state. Similar suggestions are very powerful and can persist for a long time. A few years ago, when I was a student at my dear teacher’s clinic, Landouzy, I told a hysterical patient while she was awake that I was giving her a gift of a beautiful pink rose. She accepted it very gladly, smelled it, and delicately placed it in a glass of water. I then left without removing the suggestion, to see what would become of the rose. The patient changed the water in the glass and took care of her beautiful rose which never faded, despite the laughter of the nurses and the other patients. Two days later, as I began to grow concerned about the persistence of this sort of folly, I decided to take back the rose. One can make hystericals accept many other suggestions, much more serious ones; always one sees these ideas take on exaggerated importance, repeat themselves, last, and manifest through real actions, by images objectified as true hallucinations.

What, then, does the importance that these ideas take on consist of? A first explanation has often been provided over the centuries, by all the philosophers.<sup>6</sup> Among all men, it is said, ideas tend to transform into action—a piece of music makes us dance, children follow the drum while marching, a yawn seen in someone makes us yawn. Ideas also tend to transform into sensation: the idea of moving house makes us feel a real sense of dizziness; we believe we see under the microscope what someone describes to us, etc. All of this is accurate, though expressed in a somewhat vague way. Here is a more precise and perhaps more useful way to repeat this same explanation. This idea, well understood, is actually this: our mind is a whole, a system of different images, each with its own special

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<sup>5</sup> *Automatisme psychologique*, 205.

<sup>6</sup> Reread, for example, the very curious chapters by Malebranche and other Cartesians on the influence of the imagination.

properties and variously coordinated. Let us take, for example, this simple thought expressed by these words: “to tidy the room.” This thought contains visual images or muscular images in the case of leg movement, visual images of the room’s appearance at the moment one speaks, then other motor images and other visual images of a new aspect of the room, and so on, a long series of varied representations all the way to a final one that will reproduce the first aspect of the room. The thought of a bouquet of roses or the thought of a cat contains in itself numerous grouped elements in the same way, under the same dependency and the same system. We need only point out in these ideas, not just the color of the flowers, the color and shape of the cat, but also numerous images of smell, touch, hearing, etc.—in short, as I was saying, these ideas are true systems of images. Most often, these systems are represented in our mind in an abbreviated or partial way; for example, the sensory or kinesthetic image of “flower” or “cat” is perceived alone, or almost alone, and that is enough to represent the whole system when the name is but a single element.

In the cases of suggestion that we are seeking to analyze, we see, on the contrary, that systems of this kind, if they begin to develop in the mind, do not remain incomplete. All the constituent details—visual images, tactile images, kinesthetic images—reappear in their place so as to reconstitute the system as a whole. Now, each of these images has a role in the mind: one provokes emotions and feelings, another is accompanied by actual movements of the limbs. The system reproduced as a whole therefore provokes certain major psychological phenomena, such as the execution of a real act or belief in the real and external existence of the objects being thought about. The real acts and the apparent objectivity of the objects depend, as is known, only on the precision and complexity of the images that reawaken in the mind.<sup>7</sup>

I do not intend to show you numerous examples of suggestion, which you know all too well; but I want to point out to you, by showing you a few facts, this important characteristic of the development of images contained within a single idea. I speak to the patients using the words you know—suggestive words; others could also make similar suggestions enter their minds as soon as they begin to develop. I say to Isabelle, in the simplest tone: “Here, look at the beautiful bouquet of roses on that chair.” I awaken in her mind by these words the system of images that constitutes the idea of a bouquet of roses. Ordinarily, in a normal person, this system would remain extremely incomplete, reduced to one or two elements, and would not lead to any external movement or any belief in the real existence of the bouquet. But, you see, Isabelle gets up, takes the bouquet, sets aside the hands as if she felt resistance between them, lowers her head and breathes in the scent; she has in her mind an enormous quantity of tactile, visual, and olfactory images, etc. She describes the roses, their color, their number, etc. In a word, in her, the system of images that makes up what we call a bouquet of roses has reconstituted itself in its integrity.

Allow me to show you a second example which I find even more curious and even more decisive. I am going to show you in Marguerite a very singular suggestion phenomenon that I observed quite by chance while looking for

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<sup>7</sup> See a study on the power of similar phenomena in *l’Automatisme psychologique*, 1889, p. 200.

something else, but which I will try to reproduce before you. You have already seen this young girl; you know that she is twenty-three years old, that she has been at the Salpêtrière for more than a year, and that, consequently, we know her very well. You have not forgotten the various hysterical incidents—contracture, blue edema, seizures—that brought her to the hospital, and you can once again verify her permanent stigmata: complete tactile anesthesia of the whole right side, muscular anesthesia such that she is unable to move her right arm without seeing it, and which leaves her in cataleptic postures when moved without her knowledge, narrowing of the visual field to 35°, etc. Well then, I say to her simply, insisting a little, this simple word: “Hello, Margot.” She has, as you see, a slight start and a change of expression. As she looks at me with a surprised air, I ask her what it is and what is troubling her:

“But I don’t know you, sir.”

“How, you saw me this morning.”

“But no, this morning, I was in class, and I handed in my homework.”

If you are surprised by these responses and if you examine the patient, you will see that she has completely forgotten the Salpêtrière, her current illness, everything she has done in recent years and that, on the contrary, she remembers her childhood with astonishing precision. If we go further, we see that she no longer has her hysterical stigmata: she cries out that I am pinching her right arm, she moves it without seeing it, and no longer takes on cataleptic postures, and her visual field suddenly expands. What happened? It is enough to ask her age. “I am eight years old,” she tells us. This is probably what happened: by chance, for the first time, the word repeated today—*Margot*—is the name that was given to her in the convent when she was about eight years old, and this word, spoken before us, reawakened in her mind the entire emotional and image-based system of sensations linked to that time. Even the tactile and muscular sensitivity of her right side, which we know was latent, has reawakened, has become associated again with conscious awareness, in order to reconstitute the full system of Margot and of the convent, at that age. Here, then, is an example, quite striking, of the automatic development of all the elements that enter into an idea. These facts already explain part of suggestion, what we have called the importance taken on by certain ideas.

We must again insist on another expression: what characterizes suggestion is, let us say, the exaggeration of this development—its abnormal nature. A healthy man certainly exhibits psychological phenomena where the automatic development of ideas manifests up to a certain point; memory, the association of ideas, habit—these kinds of phenomena have long been described. But when two facts share a few common points, that is no reason to confuse them. To claim that a teacher’s lesson is identical to the suggestion made to patients, that a dreaming man’s vision is identical to the hallucination of the insane, and to conclude that suggestion is nothing, that hallucination or delirium do not exist, is to wish—under the pretext of psychology—to plunge us into complete confusion.

In a well-balanced mind, the automatic development of ideas always presents two characteristics: it is subject to the action of the will and is regulated by real facts, by the circumstances in which we find ourselves. I do not seek here to make

you understand what is meant by the word “will”; I am content to say something banal. An act is voluntary when we are aware of performing it, when we relate it to our personality. “It is I who perform this act,” we say, and I believe that this action is related to my character, my feelings, my ideas; I retain the memory of having done it and I henceforth consider it as forming part of my person. Our ideas are likewise determined by external circumstances, by the sensations we experience, by all that we can know about the place and time in which we find ourselves. If, right now, you think of a ballet at the Opera, this idea will not develop in you because you have in front of your eyes, while watching this lecture, a different spectacle, and the idea of a ballet at the Opera does not accord with the visual sensations you are experiencing. The development of your ideas is thus reasonable, harmonious, in accord with present facts, and you only have memories in your mind, not suggestions. When these two characteristics are missing, one must speak of suggestion. When you say to a suffering patient, poor and humble before you: “Come now, my friend, think of healing, think that you are healed, close your eyes, pretend to sleep, etc.” The patient will do what you want, and for good reason; but it is complacent compliance, entirely reasonable, entirely in accord with desires, personality, and the current situation of the patient. I am not speaking here, of course, of therapeutic matters: good advice and consolations are always excellent things for the health of patients, but I say that when the will and the present reality are preserved, we are not dealing with suggestion.

In them, indeed, these ideas I spoke to you about—these attacks, these dreams, these movements—are involuntary and in complete disagreement with the personality of the patient and external circumstances. Let us take an example and choose for study the most complete case. I tell Berthe that she has her little dog Finaud on her lap. You see, as before, the automatic development of the idea: she sees her dog, caresses it, feels its fur, speaks to it, etc. But note, then, that this young girl is now in a completely abnormal state. First, she has no tactile sensitivity at all; she doesn’t notice that I am pinching her right side, which is ordinarily sensitive; if you try to speak to her, you will see that she neither hears you nor sees you. I myself manage, with some effort, to draw her attention to me and get a few responses, for she no longer considers me part of her life. According to her answers, you can see that she knows nothing, remembers nothing of where she is, her past, the grief she felt at Finaud’s death, or her current situation. It seems there is no longer any personality—only one overwhelming idea in her mind: that of her little dog. And when she emerges from this kind of delirium, you will notice she has absolutely no memory of it. This entire automatic development took place entirely outside of her current personality. Undoubtedly, it is this enormous suggestibility that I am showing you: a young girl who, spontaneously, becomes fixed in this manner for about twenty-four hours on a single idea, and who, during that time, loses all awareness of the external world and of her own personality. But the less complete cases are no less instructive, and we shall see in the others the fundamental features of suggestion, more or less altered.

I told you at the beginning that suggestions in our patients are ideas of exaggerated importance. We have analyzed this vague definition, and we can now

make it more precise. The phenomenon of suggestion is, for me, the automatic development of all the elements contained in an idea—a development that occurs without the participation of the will or of the personality, without relation to present circumstances.

## II

Does a phenomenon of this kind exist in all men in a constant manner, or does it require certain very particular mental dispositions in order to occur? I do not hesitate to say that suggestion, as just defined, requires a very particular state of mind—whether momentary and accidental, or permanent. I appeal to your common sense. Do we all undergo suggestion like the young girls you just saw? Is it enough to tell you, without any preparation, that you are ten years old in order to bring you back to childhood? Let us try an experiment, gentlemen: I tell you that there is a little dog on this table—do you see it? Do you play with it? Do you pick it up? No, well then, there is clearly in Berthe something special that must explain suggestion. I repeat this because it is essential: we all have habits, memories, associations of ideas, but if I speak to you of a bouquet, you do not see it, you do not smell it—so I am right in saying that normal habits, memories, and associations of ideas are not enough to make us see a bouquet the moment someone mentions it. Since Berthe sees it as soon as I mention it, it means there is something more in her, and it is this new and special fact that we must seek out in her.

It is in the state of weakened will that we must look for this pathological phenomenon. Hystericals present, at first glance, two different aspects: some are excitable, restless, agitated, like Marguerite; the others are calm, dreamy, melancholic, like Berthe. The latter is the type, in fact, that has sometimes been called male hysteria, but which also exists in women. At bottom, these two types come down to nearly the same thing. They are no longer moved by anything; in one and the other, they have lost their active will. If you question the parents on the onset of the hysteria, the story is always the same: they began to notice that the girls could no longer do their work, that they no longer applied themselves, that they had no courage, no resolve, no will. An English physician, William Page, expressed this characteristic in a striking way: “The hysterical state,” he says, “consists essentially in the loss of control and the weakening of the power of the will... the defect of the will is rather a weakness of will than an obstinate refusal to will.” The patient often says: “I cannot,” as if she were saying: “I don’t want to,” but this means: “I no longer have the power to want.”<sup>8</sup> What the English physician thus expresses, patients say constantly in their own way. “I come, I act,” said Marguerite, “but without doing anything, without wanting anything, I am like a machine that no longer has a spring.” — “It seems to me that it is not I who walk, who speak,” said Berthe, “I do not know what is moving in me, what is speaking in me, I do not act any more, I am no longer there to represent...” “I was

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<sup>8</sup> The patient says, as all such patients do: “I can not,” it looks like: “I will not,” but it is: “I can not will.” — W. Page, *Injuries of the spine and spinal cord without apparent mechanical lesion and nervous shock in their surgical and medico-legal aspects*, 1883.

losing my skirt before when I made a movement to treat her, I no longer care about anything, nothing matters to me anymore... I am like a puppet whose string you are holding.”

This characteristic is found in all operations of their mind; they also lose all decision, all certainty in their beliefs and perceptions, all resolution in their actions. “Is it really tomorrow that Lent begins? Is it really a ball I’m going to? I’m going but I’m not sure. Everything seems like a dream to me.” Berthe meets her brother, who comes to see her, and looks at him with astonishment: “Is that really you,” she says to him, “I’m not sure I recognize you.” — “I always have,” she told me, “a sort of fog before my eyes, I don’t really recognize things... I don’t understand well what one tells me, my head becomes empty and words can’t get in... I get lost in my ideas like in a net, like in a spider’s web spun by a poor fly...” This weakness manifests itself most clearly where, in these patients, the main intellectual function of the will is concerned: the faculty of attention. Attention is deeply altered in all hystericals and in such a peculiar way that we cannot undertake a detailed study of it here. Let us just recall that the effort of voluntary attention becomes painful, rare, of short duration, and that it is accompanied by all kinds of symptoms—psychic fatigue, anesthesia, much greater narrowing of the visual field, etc.<sup>9</sup> Sometimes attention is absolutely lost and the patients are incapable of fixing their mind on any idea whatsoever. For example, as I have often shown, they cannot understand what you are telling them; ideas never come into their mind as if their voluntary attention were entirely impossible.

This weakness of will and of attention, which is quite extraordinary, manifests through a second characteristic that is seemingly the reverse of the previous one and yet very logical. Just as they are incapable of initiating an action, a belief, or a perception, so too are they incapable of stopping them once they have begun. I may surprise you by saying something that is nevertheless accurate: most hysterical episodes are, at the outset, almost voluntary. One begins to dream—it is done willingly, one could stop, but it is pleasant. One begins to eat little, to slim down, to have a slim figure. One begins a small anger, an emotion is allowed. All of it, and the patients admit it, could have been stopped at the beginning. But the action continues and the patient cannot stop. It is a delirium, it is anorexia, it is an attack. “When I’ve started something,” a patient tells me, “I must continue in spite of everything; I would break the windows to get out, I would kill myself rather than stop.” — “I fall into an idea like into a precipice,” Berthe told me, “and the slope is much too steep to climb back up.” — “My idea drives and chases me without my being able to resist it,” another tells me.

This inability to stop, you observe it every day. You know these patients who come every morning, who, when you enter the room, show you a contracted arm or leg and say to you: “Undo this for me.” There is almost nothing to be done, but

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<sup>9</sup> I already pointed out, at the Psychology Congress of 1889, this interesting phenomenon of narrowing of the visual field provoked by attention. In the proceedings of the Congress (1890, p. 55), a very incomplete summary of this small observation was published under the name of Mr. Ballet. Mr. Ballet will no doubt be happy that I relieve him of responsibility for this observation that weighs on him unduly. Without studying this phenomenon here, I will simply recall that I have again observed it in two patients from Mr. Charcot’s ward. I believe Mr. Séglas also observed it independently, without knowing of my initial communication, in a patient from Mr. Falret’s ward. It is one more sign of the weakness of attention in hystericals.

they will never be able to do it on their own. They often come, when they trust in you, to ask for moral help of the same kind. Marguerite comes one morning to find me and says: “Oh! I’ve been angry since this morning, I’d like to hit and break things, I’d like to stop, but I can’t. Undo this for me.” A little girl says to me: “I got upset with my friend, I’ve been sulking since yesterday, sulking is boring; I would like to stop, but I can’t; undo this for me.” — So it is necessary to undo the anger of one, the sulking of another, and the dream of the third. That is to say, one must help a will that is absolutely failing, both to stop and to begin.

All the preceding characteristics have often been observed, but they are usually attributed to another mental illness. Many of you would like to say to me: “You are describing the symptoms of *aboulia*, one of the forms of the madness of doubt, and the subjects whose words you report are complex patients in whom two illnesses have developed simultaneously and independently of one another: on one side, hysteria with its anesthetics, amnesias, attacks, and suggestibility; on the other, the delirium of degenerates with its distraction, doubts, fixed ideas, and *aboulia*.” Gentlemen, I do not intend to undertake here even incidentally the discussion of this major question, generally poorly understood: the relationship between hysteria and the madness of doubt. I will simply offer you my opinion, in order to continue our study of the suggestibility of hystericals. I do not accept that a subject like Berthe, who shows both distraction and anesthesia, doubt and amnesia, attacks, fixed ideas, and *aboulia*, is suffering from two separate mental illnesses. There is only one mental illness here, whose manifestations differ slightly depending on the circumstances. First of all, all these symptoms occur together much more often than is commonly believed. Most of the hystericals I have seen display both *aboulia* and doubt; furthermore, from our previous studies we have understood that these various symptoms depend on one another—that distraction is the reason for anesthesia, just as *aboulia* is the reason for suggestibility. The only important point to recognize is that the predominant symptoms are not the same in all patients. Although there may be some weakness of will, perception of sensations, and memories in all of them, there are some in whom amnesia predominates, and others in whom *aboulia* is central. It is important to note that it is in the *aboulic* patients that suggestion reaches its fullest development.

A few years ago, I studied, under my eminent teacher Mr. J. Falret, a patient from this latter category who was almost exclusively an *aboulic* case,<sup>10</sup> just as the previously studied patient, Mme D., was almost exclusively an amnesiac. I was quite perplexed at the time about the interpretation of the symptoms, but on the medical diagnosis of this patient. But today, after having seen the many forms of hysteria encountered in this ward, after having followed the lessons of Mr. Charcot, I no longer hesitate. Marcelle was a hysteric, just as Mme D. is one. One must admit that there are monosymptomatic hysterics in both the moral and physical domains, and that a certain form of *aboulia* or of amnesia is just as characteristic of this mental illness as anesthesia or seizures. Let us retain this important point: the symptom of suggestibility does not appear alone; it is accompanied by a considerable alteration of attention and will—a true *aboulia* in

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<sup>10</sup> Pierre Janet. – *Étude sur un cas d’aboulie et d’idées fixes*. (*Revue philosophique*, 1891, t. I, p. 258 and 384).

a word. We must now study this aboulie state, of which we have noted the existence, to show that it presents the same characteristics already studied in anesthesia and amnesia, and that it can explain suggestibility.

### III

When you study a case of aboulia, you will, I believe, be struck as I was by a contradiction between the patient's words and actions. She declares that she is incapable of moving, of making any movement, of getting up from her chair, of picking up an object, and she makes before you the most fruitless efforts to lift a finger. However, if you step away from the patient, if you watch her without her knowledge and especially without her being able to think that she is being observed, you will find that she actually moves quite a bit and performs most of the movements she claimed to be incapable of doing. Here again, a little attention: do not too quickly conclude that the patient was deceiving you or that she takes pleasure in being confined to a ward for the insane. Keep in mind that the same movements can be performed in different ways, and that one way of moving may be entirely lost, while others are preserved.

In the study of the typical case I was speaking to you about, I was able to establish a distinction between the movements that were preserved and those that were lost, and we will find this distinction again in the patients I am about to show you. The physiological movements—breathing, digestion, etc.—have never changed. Reflexes remain completely normal at the knees, eyes, mouth; she coughs, blinks, etc. The movements that are, through exercise, instinctive are also intact; she shifts in her chair, changes position, swats a fly from her face, scratches herself, blows her nose without the slightest hesitation. Habitual movements are the same; she does some needlework and crochets interminable lengths of lace, which—let it be noted—is always the same. To these various categories of preserved movements, we must add some stranger ones. From time to time, she tears papers, scribbles endlessly on a sheet, bites her nails, or rushes to carry out certain irrational acts. But then she no longer hesitates: the one who stops before a door for half an hour unable to open it, opens it rapidly, like a fury, when it is a matter of one of these impulsive acts.

There are many preserved acts; what is their common characteristic? They are all automatic acts, and the acts that are lost, as is now easy to understand, are all voluntary acts. But what is the difference between automatic acts and voluntary acts? A first characteristic presents itself at the outset of our analysis: automatic acts are old acts, carried out long ago, organized in the past, but which have not been created or combined for present needs. Voluntary acts are present acts, combined today in view of current circumstances. A second characteristic adds to and completes the first: automatic and old acts are impersonal, they are not connected to the present person. We do not say of them, properly speaking: "I, myself, Mr. so-and-so, make the movement of walking, of eating, of writing"—they produce only isolated phenomena of consciousness and do not enter into that overall perception we call a present personality.

These differences bring many others along with them: automatic acts are easy, quick, incoherent, because they do not align with one another; they are absurd, for they bear no relation to the character's new situation or to new circumstances. Voluntary acts are slower, more difficult, coherent with one another, since they are part of a whole system, reasonable, since they depend on the entire personality as shaped by recent circumstances. These two categories of acts always exist within us, and our moral health depends on their balance; when voluntary power diminishes, automatism prevails, the past erases the present. The very old man, the elderly person, is no longer capable of adapting to new situations and new things; he can only repeat old ideas, disconnected from present times. As long as a man—whatever his age—can invent, understand, and combine old ideas with new ones, he does not have the mind of an old man.

Well then! Our aboulie patients have, in this regard as in many others, the mind of an old person. They are no longer capable of developing; everything seems finished for them from the beginning of their illness—they learn nothing, understand nothing new. They no longer adapt to new circumstances, or rather, since most of them are not absolutely inert, they do not understand, and only a few things at a time enter into their personality. It is the same for their actions as for their sensations and memories. As we have seen, they feel only a few things at a time and are enormously distracted, for the most part, by peripheral impressions; likewise, they can voluntarily perform only very few things, very simple acts involving combinations of movements and images. A little hysterical girl, at the Salpêtrière ball, said to me: "I can't see the costumes; I haven't yet seen a single one."

"Eh! Why not?"

"Because they make me dance; as soon as I want to look, I stop dancing, and as soon as I want to dance, I can't look. When I want to dance, I can't see anything at all, I have only one idea in mind: to dance."

Moreover, I had already seen the same trait in her; I was forced to forbid her to speak during lunch because otherwise she could not eat. When she wants to eat, she must think only of that and of nothing else. Her power over present, voluntary, and personal acts is extremely limited; in a complete aboulie patient like Marcelle, that same power was completely abolished.

Sometimes, such persons nevertheless manage to carry out quite new and fairly difficult actions, but they do so in a very particular way. They do not think about it, they do not try to become aware of what they are doing; on the contrary, they act in an unconscious way. "You want me to think that I am doing this," said Berthe, "but that's impossible. I don't understand anything, I don't want anything for a moment, then my idea is gone; and if I try to recall what I wanted, I can't do anything. No, I must let my hands and legs walk entirely on their own; when I walk, I am like a ball bouncing all alone, it is not I who walks... When I want to sing myself it is impossible; other times I listen to my mouth, which sings a very nice song... When I want to write, I no longer know what I wanted to say, I must let my hand do it all and then it writes four pages." What is even more curious is that she does so many pretty things this way; whether she makes a dress or writes a poem, there is real talent, but all this is done in a bizarre state. She focuses on

her work, is no longer connected to the outside world, has no notion of her personality, and possesses in her mind only the images strictly necessary for her work, and retains no memory of it when she is finished.

Let us not dwell on Berthe's curious work, which would provoke much reflection. Let us be content to note that we find in aboulie patients the same three psychological laws that we have already observed in regard to anesthetic and amnesic hysterics.

- (1) The subject has lost the power to consciously carry out new acts, just as amnesiacs have lost the power to consciously recall the memory of recent events.
- (2) The patient has retained the power to consciously carry out old acts already organized; the amnesiac also retained conscious memory of old facts.
- (3) The subject has retained the power to carry out all acts, even new ones, unconsciously, without connecting them to their personality. Mme D., likewise, had unconsciously retained all her memories.

You see then, according to these three laws, that this new symptom is identical to the previous ones, that it is indeed of a hysterical nature. For it also depends on the narrowing of the field of consciousness, on the weakness of personal perception.

I believe that we can now easily understand the enormous power that suggestion exerts on such minds. Let us first note that an aboulie, incapable of doing anything voluntarily, moves quite well and performs all acts easily following a suggestion. A curious experiment, once carried out on Mr. Falret's patient, may serve to highlight this point. I had suggested to her that, at a given signal—a tap on the table—she would take off her hat and place it on a coat hook. This suggestion made, and apparently forgotten, I politely asked her: “Mademoiselle, would you please remove this hat that's in my way for writing and place it on a hook?”

“I'd be happy to,” she said. And there she is, trying to get up, shaking herself, stretching her arms, making uncoordinated movements, stopping, starting again. I let her struggle for twenty minutes without her being able to accomplish this very simple act. Then I gave a tap on the table: immediately she gets up abruptly, takes off the hat, hangs it up, and sits back down. The act, which had been made by suggestion in an instant, could not be done voluntarily in twenty minutes.

How can this difference be explained? It is that the two acts, despite appearances, are not the same. The voluntary act of taking off her hat requires, in the mind of the patient, the notion of her personality: she must know that it is she, at such an age, in such a situation, who is performing the action, that she is doing it in front of me, out of politeness, to do me a favor, etc.—all complex syntheses which she is incapable of performing. By contrast, the act carried out by suggestion is simple; it is accomplished without any notion of her personality. When it is done and I thank her, she says with a sulky air: “It wasn't me,” with no sense of purpose, without any understanding of the situation. It is, in a sense, an abstract act and above all an impersonal one. All suggested acts are of this kind—they are old, habitual actions repeated without any connection to the present situation, without any sense of personality.

Not only is the suggested action simple and easy for an aboulie patient, but it is also irresistible. Indeed, her present personality is reduced to a minimum, her weakened will is no longer capable of resisting the automatic development of ancient perceptions. At the moment when, following a slight emotion produced by the tone of my voice, her current personal perception fades away, her fragile personality disappears, and the automatic act finds free rein and develops according to the previously indicated laws. Look at how a suggested act is executed: when you tell one of these patients an odd idea, in contradiction with reality, she remains surprised, she seems to receive a shock and for some time resists—that is to say, for a moment, as long as this idea still conflicts with the notion of her personality, her knowledge of real external objects. These ideas oppose the contradictory thought awakened by our spoken word. Then, as Marguerite told me when I questioned her about her impressions, her attention tires extremely quickly, and she cannot retain more than one thing at a time in her mind: “When my attention shifts for a moment, a second, I am lost, I don’t know where I am, I am so absorbed that I no longer hear what you are saying.” Let us translate this language and say: her narrowed consciousness contains only memories and sensations that do not contradict one another; she forgets that she is at the hospital, that she is twenty-three years old, etc., and all the elements contained in the suggested idea develop freely.<sup>11</sup>

The same conceptions relating to suggestibility can be verified in a somewhat inverse manner. Instead of studying what happens and the alterations of thought that exist at the moment when suggestions succeed, let us examine the changes that occur when a patient ceases to be suggestible. I know that certain authors claim that all men without exception are perpetually suggestible and do not admit that one can study the absence of suggestibility. As for me, I do not possess such formidable influence, and I seemed to observe that even hysterical patients were not always suggestible. I share with you, quite candidly, the result of my observations.

Often, I know it well, they are not suggestible because they are under the influence of another idea: and it is no more difficult to suggest to someone who has already received a suggestion than to someone with a fixed idea. But I am not speaking of that. Certain hysterics whom no one had touched, who were not possessed by fixed ideas, became gradually less and less suggestible. Why? Quite simply because they were getting better. I have observed it twice, and in very particular circumstances, which I wish to relate to you in a few words. A hysterical patient was having daily seizures, was not eating or sleeping, and was extremely suggestible at that time. Then, thanks to a remedy, I say it quietly, she calmed down, had no more attacks, ate and slept, regained strength, recovered her memory, her sensitivity. Well! I could no longer command anything in her. Let us be clear—she obeyed me very well out of voluntary consent, but she no longer had that automatic development of ideas, without personal awareness or memory. Everything had disappeared. Eight months later, I saw her again, complaining of migraines, insomnia, nightmares—she was once again distracted, anesthetic, and

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<sup>11</sup> On the role of amnesia in suggestion and on the narrowing of the field of consciousness, see *Automatisme psychologique*, 1889, p. 185.

amnesic. A single word was enough for me to suggest whatever I wished. Another hysterical patient, nearly completely recovered, could no longer be suggested to—except during three days every month (you can guess which), and during those three days she would again display the stigmata of psychological disintegration.

Even better than that. You have all noticed that, during the course of the illness, under all sorts of influences, hysterical patients change greatly in psychological state. After a seizure, after prolonged natural or artificial sleep, after some emotion, or even during certain abnormal states that are either induced or occur spontaneously, the patients find themselves momentarily transformed. The thick veil that prevented them from understanding things is torn away, and they have clear moments, as Marcelle used to say to me. Well then! During these clear moments, you will notice two things simultaneously:

(1) Suggestibility has considerably diminished or even disappeared; fewer automatic and impersonal acts, fewer hallucinations in contradiction with real sensations.<sup>12</sup>

(2) At the same time, you see that the anesthesia has disappeared, that the subject is no longer distracted, nor amnesic, nor aboulie.<sup>13</sup>

You remember the complete somnambulism that I recently observed in Witm. You know that one can keep her for some time in a state which, for her, is extraordinary and in which she retains none of the hysterical stigmata that characterize her during waking. Well then! This state presents a trait of the most striking kind, to which I could not allude when speaking of amnesias. This person is suggestible throughout her life, she is malleable, responds to everything, yields when one commands her to do something—but through that compliance I already mentioned, she does not exhibit the phenomenon of true suggestion.

The preceding facts seem to me to constitute a true *experimentum crucis*, as Bacon called for, and show us the close connection between suggestion and hysterical disorders. This automatic development of elements contained within an old idea can only occur in the absence of personal will and in the absence of connection with present perceptions, at the very moment when both personal will and the perception of present things are extremely diminished.

Gentlemen, you know that it is impossible to conduct here, in one session, a complete study of suggestion; I have had to leave many points aside. The varied forms that suggestion can take, its peculiar effects, the limits of its power, its dangers, its consequences in mental pathology—all these questions and many others have necessarily been omitted. I have only wished to study before you one specific point, the one that concerns physicians. I have tried to distinguish the phenomenon of suggestion properly speaking from certain facts in normal psychology that are more or less analogous; I have studied pathological suggestion—the suggestion that is a symptom of a mental illness. I have tried to trace back the deeper causes of this symptom and have shown you that it depends not only on the general laws of the association of ideas that apply to all men, but on a particular disorder of the will. This disorder, this aboulia, exists in several

<sup>12</sup> Mr. Pitres also noted that not all subjects are equally suggestible in the different hypnotic sleep states. (*Leçons sur l'hystérie*, 1891, II, 166.)

<sup>13</sup> See a complete observation of this phenomenon. *Automatisme Psychologique*, 178.

mental illnesses, and in particular in hysteria, where it forms an essential symptom. This aboulia is not the disappearance of all acts themselves; it is of the same nature as the anesthesia and amnesia in hysterics that we already know. In considering suggestion in this way—by avoiding confusing it with all sorts of other phenomena, by analyzing it as a clinical symptom—we believe we remain faithful to the method that brought glory to the Salpêtrière school. If psychology must penetrate medicine, it is not to bring confusion. M. Charcot taught us to study hysteria as a science, and he always wanted to bring order to chaos, to choose types, to establish classifications, to subject the facts considered most unstructured to the laws of science. In a word, he supported everything as if it followed a rigorous determinism, even in hysteria. If today we examine these patients from a different point of view, if we study their psychological traits, we must nevertheless do so using the same method. It is not enough to adopt a psychological notion in order to explain everything—we must analyze, classify, and seek the determinism of the phenomena. Our lesson was easier and clearer, if we have said that suggestion is everything and explains everything; it seemed more valuable to us to say that suggestion is a pathological fact that cannot be explained on its own, and that clearly presupposes prior conditions.<sup>14</sup>

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<sup>14</sup> The other studies that complete these first lectures will be published in a forthcoming work in the Charcot-Debove collection, *l'état mental des hystériques*.